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JAN 11 2005

Appl. No. : 10/773,838
Applicant : Tarris
Filed : 02/05/2004
Title : TOOL SHARPENING APPARATUS
TC/A.U. : 3723
Examiner : Thomas, David B.
Docket No. : TAL:7796.002

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of November 8, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

CHERNOFF, VILHAUER, McCLUNG & STENZEL**RECEIVED
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Portland, Oregon 97204Telephone (503) 227-5631
Facsimile (503) 228-4373**FACSIMILE COVER SHEET**

TO: David B. Thomas

FAX NO. 703.872.9306

Art Unit 3723

FROM: Timothy A. Long

No. of pages 7 including this sheet

DATE: January 11, 2005

Applicant: Tarris, Wayne

Examiner: Thomas, David B.

Serial No.: 10/773,838

Filed : 02/05/2004

Title : TOOL SHARPENING APPARATUS

1. Transmitted herewith is/are the following for the above captioned application.

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee transmittal <input type="checkbox"/> Fee attached form <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosures (identify below)
Remarks:		

STATUS

2. Applicant is:

- ☒ a small entity
☐ other than a small entity.

EXTENSION OF TIME

3. Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b) -(d) has been calculated as shown below:

Claims remaining after amendment	Highest no. claims previously paid for	Present extra	Rate	Small entity	Not a small entity	Additional Fee
Total	3 minus 20	* = 0	100	200		\$0
Independent	3 minus 3	** = 0	25	50		\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			180	360		\$0

*If the highest number of claims previously paid for is less than 20; enter 20.

**If the highest number of independent claims previously paid for is less than 3; enter 3.

Total additional fee for claims required. \$0.00

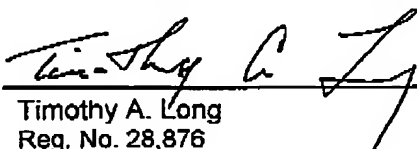
FEE PAYMENT

5. ☐ Charge Account No. _____ the sum of _____

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 03-1550

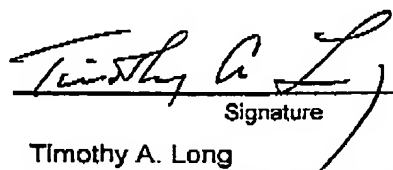
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Timothy A. Long
Reg. No. 28,876

CERTIFICATE OF TRANSMITTAL UNDER 37 CFR §§ 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being transmitted by facsimile to the Patent and Trademark Office.

Date: January 11, 2005


Signature
Timothy A. Long
Name of person certifying (type or print)

CONFIDENTIAL

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